

**TRANSMITTAL OF NOTICE OF APPEAL**Docket No.  
TSR-10002/38

In re Application of: John Hilfinger

Application No.  
10/706,738-Conf. #7532Filing Date  
November 12, 2003Examiner  
R. A. SchnizerGroup Art Unit  
1635Invention: METHODS AND COMPOSITIONS OF GENE DELIVERY AGENTS FOR SYSTEMIC  
AND LOCAL THERAPY**TO THE COMMISSIONER OF PATENTS:**Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal  
filed: November 19, 2007 .The fee for filing this Appeal Brief is \$ 255.00 .☐

Large Entity

☒

Small Entity

☐

A petition for extension of time is also enclosed.

The fee for the extension of time is \_\_\_\_\_ .

☒A check in the amount of \$ 255.00 is enclosed.☐Charge the amount of the fee to Deposit Account No. 07-1180 .  
This sheet is submitted in duplicate.☐

Payment by credit card. Form PTO-2038 is attached.

☒The Director is hereby authorized to charge any additional fees that may be required or  
credit any overpayment to Deposit Account No. 07-1180 .  
This sheet is submitted in duplicate./Avery N. Goldstein, Ph.D./Dated: November 19, 2007

Avery N. Goldstein, Ph.D.

Attorney Reg. No. : 39,204

GIFFORD, KRASS, SPRINKLE, ANDERSON &  
CITKOWSKI, P.C.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b> Application Number 10/706,738-Conf. #7532 Filing Date November 12, 2003 First Named Inventor John Hillfinger Examiner Name R. A. Schnizer Art Unit 1635	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. TSR-10002/38	
TOTAL AMOUNT OF PAYMENT (\$) 255.00			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Krass, Sprinkle, _____ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
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<b>FEE CALCULATION</b> <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b> Small Entity Application Type Fee (\$) Fee (\$) Utility 310 155 Design 210 105 Plant 210 105 Reissue 310 155 Provisional 210 105		<b>SEARCH FEES</b> Small Entity Fee (\$) Fee (\$) 510 255 100 50 310 155 510 255 0 0		<b>EXAMINATION FEES</b> Small Entity Fee (\$) Fee (\$) 210 105 130 65 160 80 620 310 0 0		<b>Fees Paid (\$)</b> _____ _____ _____ _____ _____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							210 105
Multiple dependent claims							370 185
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>
- 20 = _____ x _____ = _____				<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
HP = Highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 = _____ x _____ = _____							
HP = Highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>			
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): 2401 Notice of appeal							255.00

<b>SUBMITTED BY</b>			
Signature /Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent) 39,204	Telephone (248) 647-8000	
Name (Print/Type) Avery N. Goldstein, Ph.D.	Date November 19, 2007		